

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10797700**
APPLICANT(S)

FILED DATE **03-10-04**

| CLAIMS | | | | | | |
|------------------------|----------|-----|---------------------|-----|---------------------|-----|
| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
| | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL CLAIMS 25 | | | | | | |
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